(d) The reasons for less production as compared to the target, *inter-alia*, include paucity of orders, obsolete technology, shortage of working capital, high cost of production, excessive manpower, etc.

High cost of Rabies injection

†*379. SHRIMATI SAVITA SHARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the cost of Rabies injection is too high in the country and it is beyond the reach of poor people and as a result common man has to face a lot of problems and many people die as they are not able to buy the Rabies injection;

(b) if so, whether Government propose to make any arrangement for providing Rabies injection at low cost to people; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): (a) to (c) State Governments are procuring Rabies Vaccines either Neural Tissue Vaccine (NTV) or Tissue Culture Anti Rabies Vaccine (TCARV) for supplying free of cost to the needy population through health care facilities. The State authorities have reported no cases of death occurring due to inability to buy anti-rabies vaccine.

In view of the WHO recommendations to phase out NTV and prefer the use of TCARV, the Government has initiated steps to augment the capacity of TCARV production and as well as exploring intra-dermal route of administration of TCARV in place of intra-muscular route for bringing down the quantum of dose and cost of the vaccine. Once the large-scale production of TCARV is achieved and alternate route of administration adopted, it expected that the vaccine would be availble at lower rates in the open market as well.

Identification of sensitive areas of dangerous diseases

*380. SHRI K. RAHMAN KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry has identified any sensitive areas in the country likely to be the source of many dangerous diseases like Dengue, Malaria, etc; and

†Original notice of the question was received in Hindi.

(b) if so, the measures taken to prevent such diseases and its spreading?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA):(a) and (b) Seven North Eastern States and 100 districts having predominantly tribal population in eight States namely Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Orissa and Rajasthan and 19 Cities/Towns in these eight States and in the States of Tamil Nadu, Karnataka and West Bengal have been identified to be highly malaria endemic.

Incidence/outbreaks of Dengue/DHF have been reported from the States/UTs of Delhi, Haryana, Punjab, Karnataka, Maharashtra, Tamil Nadu, Uttar Pradesh, Gujarat, Rajasthan, Kerala and Chandigarh.

For control of Malaria and other vector borne diseases in the country, National Anti Malaria Programme (NAMP) is implemented by the State Health Authorities. It is a Category-II Centrally Sponsored Scheme. Under NAMP, the Central Government provides material assistance in the form of drugs, insecticides and larvicides, as well as technical support to the States. In addition, an Enhanced Malaria Control Project (EMCP) with World Bank Support in predominantly tribal areas of 8 States is being implemented for control of malaria since 1997. 100% Central Assistance is also being provided to North Eastern States for malaria control since December, 1994.

Strategies adopted for control of Malaria include:—

- Early case detection and prompt treatment
- Selective vector control
- Promotion of personal protection methods
- Early detection and containment of epidemics
- Information, Education and Communication towards personal prevention and community participation.
- Institutional and Management Capacity Building, Trained Manpower Development and efficient Management Information System (MIS).